

02-16-17;12:45PM;

;217-

30/ 69

ILLINOIS DEPARTMENT OF CORRECTIONS

X-Ray Requisition

NRC

Facility

Mailing Address:

Phone Number:

Ext.:

Fax Number:

Patient Name: JOHNSON, CATHY Date of Birth:

Offender Number: B16540

☐ Male☐ Female

Examination(s) Requested:

F Rtg C1

ORBIT

J Skull

XTH

Request Date: 3-10-14

Date of Exam: 3-10-14

History/Symptoms:

Sup. / ABRAZIA / CAC. C1 ORBIT

- Trauma - BROW

Report: No new pathology; Old CSW with bullet fragments mainly in outer table @ occipital area.

Referring Physician:

9 Reg'd 11 Mar 2014

Dr. Agent

Print Physician Name

Physician Signature

Technologist:

Print Technologist Name

Technologist Signature

Depx4
7/11/17
NCR

3.11.14